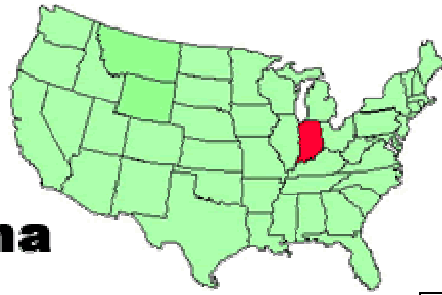


# Indiana 2009



## DEA Offices & Telephone Nos.

Evansville—812-465-6457  
Ft. Wayne—260-420-4018  
Indianapolis—317-226-7977  
Merrillville—219-681-7000

<b>State Facts</b> <b>Population:</b> 6,271,973 <b>State Prison Population:</b> 24,008 <b>Probation Population:</b> 116,431 <b>Violent Crime Rate</b> <b>National Ranking:</b> 29	<b>2008 Federal Drug Seizures</b> <b>Cocaine:</b> 43.7 kgs. <b>Heroin:</b> 11.4 kgs. <b>Methamphetamine:</b> 9.7 kgs. <b>Marijuana:</b> 846.8 kgs. <b>Hashish:</b> 0.0 kgs. <b>MDMA:</b> 0.0 kgs./185 du <b>Meth Lab Incidents:</b> 724 (DEA, state, and local)
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[Sources](#)

**Drug Situation:** Indiana is an active drug transportation and distribution area. The northern part of Indiana lies on Lake Michigan, which is a major waterway within the St. Lawrence Seaway system providing international shipping for all sections of the Midwest. Seven interstate highway systems and 20 U.S. highways provide interstate and intrastate links for drug trafficking, especially with the southwest border and California. Highway (automobile and trucking) and airline trafficking are the primary means of drug importation, with busing systems as a secondary means. Mexican criminal groups are the primary wholesale distributors of marijuana, powdered cocaine, and methamphetamine within Indiana.



**Cocaine:** Powdered cocaine is readily available throughout the state, and crack cocaine is primarily available within the urban areas. Cocaine prices have increased throughout the state and purities have decreased. Mexican trafficking organizations distribute cocaine to Caucasian, African American, and Hispanic groups.



**Heroin:** Heroin is available in central Indiana but usually in smaller quantities. In northern Indiana, heroin from a variety of sources—South America, Southwest Asia, and Mexico—is available. Hispanic trafficking organizations transport, distribute and control Mexican heroin sales.



**Methamphetamine:** The trafficking and abuse of methamphetamine in Indiana has increased sharply over the past decade. Mexican trafficking organizations are transporting from 15 to 25 pounds at a time with a purity level ranging from 25 to 85 percent. These organizations commonly cut the product with MSM (Methylsulfone) two or three times before distribution. The local methamphetamine distributors operating small, toxic laboratories, usually constructed in barns or residential homes, distribute methamphetamine with purities between 30 to 80 percent. They commonly produce enough methamphetamine for personal use and sell small amounts.



**Club Drugs:** The abuse of club drugs such as Ecstasy (MDMA), GHB, Ketamine, and LSD is not a significant

problem, and for the most part, has remained stable



**Marijuana:** Marijuana abuse remains a significant problem within Indiana. Marijuana produced in Mexico is transported and distributed by Mexican organizations. Transportation is usually by tractor-trailers in multi-hundred pound quantities. Locally produced marijuana is cultivated throughout Indiana at indoor and outdoor grow sites.



The outdoor sites are usually located in farm fields, wooded areas, National Forests, public lands, or near riverbanks. Indoor grows are located in private residences or large barn-type building on private land. As a result of DEA's Domestic Cannabis Eradication/Suppression Program, the Indiana State Police eradicated over 27, 000 plants growing wild in Indiana during 2008.

**Other Drugs:** The diversion of over-the-counter pseudoephedrine products is a major contributor to clandestine methamphetamine manufacturing. Retail stores, a source of pseudoephedrine for clandestine manufacturers, monitor inappropriate retail level purchases by individuals. OxyContin continues to be a threat. In addition, hydrocodone and benzodiazepines remain the primary pharmaceutical drugs abused throughout the state of Indiana. The state of Indiana expanded the prescription-monitoring program to include Schedule II to Schedule V pharmaceutical controlled substances.

**Pharmaceutical Diversion:** Current investigations indicate that diversion of hydrocodone products continues to be a problem in Indiana. Primary methods of diversion being reported are the illegal sale and distribution by health care professionals and workers, "doctor shopping" (going to a number of doctors to obtain prescriptions for a controlled pharmaceutical), and forged prescriptions. Xanax®, Valium®, and methadone were also identified as being among the most commonly abused and diverted pharmaceuticals in Indiana.

**DEA Mobile Enforcement Teams:** This cooperative program with state and local law enforcement counterparts was conceived in 1995 in response to the overwhelming problem of drug-related violent crime in towns and cities across the nation. Since the inception of the MET Program, 473 deployments have been completed nationwide, resulting in 19,643 arrests. There have been six MET deployments in the State of Indiana since the inception of the program: Ft. Wayne, Indianapolis, Michigan City, Hammond, Terre Haute, and La Porte.

**DEA Regional Enforcement Teams:** This program was designed to augment existing DEA division resources by targeting drug organizations operating in the United States where there is a lack of sufficient local drug law enforcement. This program was conceived in 1999 in response to the threat posed by drug trafficking organizations that have established networks of cells to conduct drug trafficking operations in smaller, non-traditional trafficking locations in the United States. As of January 31, 2005, there have been 27 deployments nationwide, and one deployment in the U.S. Virgin Islands, resulting in 671 arrests. There have been no RET deployments in the State of Indiana.

**Special Topics:** During October 1997, the Office of National Drug Control Policy (ONDCP) designated a single county in northwest Indiana as the Lake County High Intensity Drug Trafficking Area (Lake County HIDTA). The Lake County HIDTA consists of several state, county, local, and federal agencies.